			INSE CLAIM			See Inst Statem							Page	of _	Pag	es	
STD. 262 (REV. 7/2005) CLAIMANT'S NAME								SSN or EMPLOYEE NUMBER*					DEPAR				
Terry McGuire														State Controller's Office			
POSITION CB/ID No.								DIVISION or BUREAU						INDEX NUMBER			
Deputy Controller - Investments RESIDENCE ADDRESS •							1	Executive Office HEADQUARTERS ADDRESS							75, 50,10	TE AU MADED	
HESIDENCE ADDRESS -									300 Capitol Mall, Suite 1850					TELEPHONE NUM		NE NUMBER	
CITY STATE ZIP CODE								CITY						STATE ZIP CODE		ODE	
SINTE AN OODE								Sacramento					CA 95814				
(1) MONTH/YEAR (3) (4) (5) MEALS									(6)	(7) TRANSPORTAT			TION		(8)	(9)	
July 2011		(3)	LOCATION		(3)	MILALO	0.T., L		(A)	(B)		(D)			TOTAL		
)			WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	K- N/C, R	N/C, RE	LO. INCIDE	CIDEN- TALS	COST OF TRANS.	TYPE USED	(C) CARFARE, TOLLS,	PRIVAT	E CAR USE	BUSINESS EXPENSE	EXPENSES FOR DAY	
	TIME	0 1	D 1				DINNE	R				PARKING	MILES	AMOUNT			
/18		San F	Francisco - Petaluma r/t								PC	5.00	76.00	42.18		47.18	
/19		San F	Francisco - Petaluma r/t								PC	5.00	76.00	42.18		47.18	
/20		San F	Francisco - Petaluma r/t					7.			PC	5.00	76.00	42.18		47.18	
														0.00		0.00	
				1	-								3,-	0.00		0.00	
														0.00		0.00	
							7		×					0.00		0.00	
														0.00	- Ca	0.00	
													-	0.00		0.00	
													4	0.00		0.00	
-														0.00		0.00	
														0.00		0.00	
01														0.00		0.00	
0)		SUBT	TOTALS	0.00	0.00	0.00	0.	00	0.00	0.00		15.00	228.00	126.54	0.00	141.54	
		CLAII	M TOTAL										L			\$141.54	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)													(12) NORMAL WORK HOURS				
			at CalPERS offsite.			0											
Controller at Call Exte Office.											(13) PRIVATE VEHICLE LICENSE NUMBER						
						÷											
											(14) MILEAGE RATÉ CLAIMED 0.555						
											AGENCY ACCOUNTING OFFICE USE ONLY						
-	UEDEE	/ 0555	ITV That the state of							DA	ha c	o of the Ctat-	PAID B	Y REVOLVIN	G FUND CHE	ECK NUMBE	
(5) I	HEREB'	r CERT	IFY That the above is a true sta privately owned vehicle was u	atement of the trused, and if mile	ravel expense eage rates ex the requiren	ceed the min	y me in ac imum rate scribed by	cordance, I certif	ce with E fy that th Sections	PA rules in the cost of ope 0750, 0751,	ne service erating the 0752, 07	e of the State e vehicle was 53 and 0754					
LA Q					DATE	111								DA	7/22/	()	
17)				ITLE	(See Item 17	7 on reverse)								DA	ATE		

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION